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Research Article

Conditions and Patterns of Intimate Partner Violence among Taiwanese Women

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SUMMARY

Purpose: Intimate partner violence (IPV) is a serious public health issue among women. IPV victims usually seek help from hospitals, and emergency nurses are the frontline staff with whom the victims come into contact first. This study examined the conditions and patterns of IPV in southern Taiwan.
Methods: From designated hospitals in Kaohsiung under the Department of Health Injury Assessment Clinic, data were collected on 497 women regarding their injury assessment for IPV reported to the Kaohsiung City Government.
Results: Taiwanese survivors were older compared to immigrant survivors. Taiwanese survivors also had higher education levels compared to immigrant survivors. Taiwanese survivors had higher employment rate than immigrant survivors did. The time between IPV and medical help seeking was longer for divorced than married women.
Conclusions: These results can facilitate understanding of the conditions and patterns of IPV in Taiwan, increase the awareness of nurses, especially the emergency nurses for the prevention of IPV, and increase professional competency for the provision of appropriate healthcare services to survivors of IPV.

Introduction

Violence against women is a serious public health issue [1], and intimate partner violence (IPV) and sexual abuse are problems that continue to be scrutinized by the World Health Organization [2]. A review of journal articles with “intimate partner violence” and “emergency department” as keywords showed that IPV is a common cause of external injuries treated in emergency departments [3]. IPV is defined as the use of threatened physical, sexual, or psychological abuse by partners or ex-partners, with whom women have lived or live with, regardless of formal marriage or cohabitation [4]. According to Domestic Violence Prevention Act in Taiwan, the definition of IPV refers to physical, psychological, or sexual violence. IPV has a negative impact on the mental and physical health of IPV survivors, as well as adverse societal influences and detrimental effects on the survivors' families and communities [5].

A British survey investigating the prevalence of domestic violence found that 23.5% of women aged more than 16 years have experienced domestic violence [6]. Another survey of 24,097 women aged 15–49 years showed that 19.0–55.0% had experienced physical violence committed by intimate partners [7]. Similarly, a survey conducted in Uganda among women aged 15–49 years and men aged 15–54 years found that more than half of the married women had experienced IPV, while 40.0% of the married men had been perpetrators [8]. The prevalence rate of IPV ranges from 25.0 to 35.0% among cases in emergency department settings [9,10].

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IPV occurs in all countries, all cultures, and at every level of society. In general, the proportion of male-to-female partner violence is higher than that of female-to-male partner violence. Previous studies have found that culture is an important predictor of violence against women [11,12]. Compared to western societies, in Asian countries, women often follow cultural norms and values in male-dominated society and tend not to disclose abuse to the public [13]. A Hong Kong study showed that survivors of IPV who were influenced by local culture and patriarchal views were less likely to seek medical attention [14]. In 1999, the Domestic Violence Prevention Act was implemented in Taiwan, and a complete report on the current state of IPV in Taiwan was produced using data from IPV notification systems. IPV is one of the patterns of domestic violence regulated by the Domestic Violence Prevention Act. The Domestic Violence Prevention Act defines domestic violence as physical or psychological acts of illegal infringement on family members. Family members include a spouse, former spouse, former cohabiting relationship, cohabiting relationship, lineal descendants, or descendants by marriage. Medical personnel, in cases of actual or suspected IPV, are required to inform the Domestic Violence Prevention Center within (DVPC) 24 hours and to assist in the diagnosis and treatment of injury, emergency placement, victim counseling, legal services, financial aid, referrals of offenders to educational programs, and follow-up guidance.

According to the results of a survey study by Wang [15]; the rate of marital violence in Taiwan is 17.4%. Furthermore, according to records from the Domestic Violence and Sexual Assault Prevention Committee of the Ministry of the Interior, more than 40,000–50,000 individual cases of IPV have been reported yearly, and the majority of such violent acts have been perpetrated against women [16]. In other words, in Taiwan, nearly 40,000–50,000 women are harmed by IPV yearly and seek help from IPV prevention networks. A survey conducted on 109 IPV survivors in southern Taiwan showed that 82.6% were in moderately and highly life-threatening situations, indicating the severity of IPV in Taiwan [18]. Another previous study in Taiwan indicated that many IPV survivors (46.0%) suffer from marital violence at least once a month and that this violence is life-threatening in an estimated 18.0% of women [19].

A survey conducted on 109 women in southern Taiwan who were involved in domestic violence showed that 93.6% displayed symptoms of post-traumatic stress disorder after being abused [18]. Moreover, repeated exposure to violence and inability to seek help gradually influenced IPV survivors to show signs of learned helplessness [20], which results in loss of self-confidence, a distorted self-view, hopelessness, and helplessness. Overall, IPV results in considerable damage to both the physical and mental health of survivors.

Medical aid is often the first healthcare service provided to a victim of abuse. Hence, medical professionals are frequently the frontline workers who first encounter IPV survivors. Furthermore, the literature reveals that most IPV survivors who are involved in domestic violence do not take the initiative to inform medical professionals about having been abused; rather, they tend to seek medical help for other physical discomforts [21]. Therefore, improving medical professionals' understanding about the current state of IPV could help ensure that IPV survivors receive more appropriate and higher-quality healthcare services and make prevention of IPV an important part of clinical care.

Previous research seldom employed data analysis to study the conditions and patterns of IPV. Studies have tended to employ questionnaire surveys [6] and telephone interviews [22] for data collection. In Taiwan, research on IPV has employed qualitative methods, questionnaires, and analysis of the National Health Insurance database [18,19,23–28]. The medical system is the social resource that is most commonly used by IPV survivors. Studies utilizing medical records as their data source would ensure the accuracy of both data sources and research results and have fewer problems associated with memory bias than studies using self reports. Medical records in contrast to anonymous surveys facilitate the identification of victims for delivery of effective individual interventions in hospitals. In this study, we performed data analysis on the medical records database used in designated hospitals in Kaohsiung under the Department of Health Injury Assessment Clinic. The purpose of this study was to understand the conditions and patterns of IPV in southern Taiwan. In Taiwan, it has become a common social phenomenon for foreign women to immigrate to Taiwan for marriage in recent years. These women has been considered as a vulnerable population because of cultural isolation, language barrier, cultural conflict, interpersonal isolation, and lack of support systems, and need to be paid more attention to [26]. Therefore, our research questions include the following: (a) What are the demographic characteristics of the IPV survivors? (b) What are the relationships between ethnicity and demographic characteristics? (c) What are the relationships between the length of time from occurrence of violence to medical help seeking and characteristics information? The results of this study can be used to help develop healthcare models to prevent IPV and as reference material for the implementation and evaluation of IPV prevention policies.

Methods

Study design

This retrospective cohort study was based on the medical records from 2007 to 2009 in southern Taiwan. The data for this study were gotten from injury assessments records for cases of multiple levels of IPV reported to the Department of Health, Kaohsiung City Government from designated hospitals in Kaohsiung (including medical centers, regional hospitals, and district hospitals). In cases of actual or suspected IPV, medical personnel in Kaohsiung are required to inform the Department of Health of Kaohsiung City Government and DVPC within 24 hours. The cases included both inpatient and outpatient services in this database. Injury Assessment Clinics' registries and records of IPV survivors are highly confidential and protected by medical organizations. They cannot be freely disclosed or published in order to safeguard the human rights of IPV survivors and ensure ethical research conduct.

Setting and sample

According to Domestic Violence Prevention Act in Taiwan, in this study, an intimate partner is defined as a spouse or former spouse in a current or former cohabiting relationship. The definition of IPV refers to physical, psychological, or sexual violence. The two trained research assistants collected data in the Department of Health of Kaohsiung City Government and DVPC.

In this study, the main variables consisted of the conditions about IPV and pattern of violence (physical violence, psychological violence and sexual violence), time before seeking medical help, and characteristics information, including age, ethnicity, educational level, employment status, marital status, conditions of abuse, and relationship with the perpetrator. The inclusion criterion was the female victims. The exclusion criterion was incomplete information (the cases with one or more variables missing were excluded). All data were from medical records. Six hundred datasets on IPV survivors from 2007 to 2009 were obtained from the medical records databases of Injury Assessment Clinics. After incomplete entries were excluded, 497 entries were processed and analyzed. To ensure integrity, accuracy, and high levels of

Table 1 *Difference of Demographic characteristics between Taiwanese and Immigrants (N = 497).*

Characteristics	Total	Taiwanese (n = 442)	Immigrant (n = 55)	p
	n (%)	n (%)	n (%)	
Age[a] (yrs)	37.77 ± 9.84	38.51 ± 9.79	31.88 ± 7.59	<.001
Education level				<.001
≤Junior high school	109 (21.9)	76 (17.2)	33 (60.0)	
≥Senior high school	388 (78.1)	366 (82.8)	22 (40.0)	
Employment status				.008
Employed	435 (87.5)	393 (88.9)	42 (76.4)	
Unemployed	62 (12.5)	49 (11.1)	13 (23.6)	
Marital status				
Married	475 (95.6)	421 (95.2)	54 (98.2)	.586
Divorced	19 (3.8)	18 (4.1)	1 (1.8)	
Unmarried	3 (0.6)	3 (0.7)	0 (0.0)	
Battering partner had consumed alcohol before violent act				.473
Yes	70 (14.1)	64 (14.5)	6 (10.9)	
No	427 (85.9)	378 (85.5)	49 (89.1)	

[a] Age: M ± SD.

agreement, the researchers inspected 1 of every 10 medical record entries to verify the quality of data collection.

Ethical consideration

The proposal for this study was reviewed and approved by the Institutional Review Board (KMUH-IRB-970402) and the Kaohsiung Department of Health before data collection commenced. There was no direct contact or communication with any abused individual, and all medical records were assigned codes to protect the individuals and ensure confidentiality. The researchers and research assistants were the only personnel with access to the medical records. The researchers and research assistants were also closely supervised and monitored during the research period.

Data collection

In this study, the research team consisted of five researchers, including two women's health researchers, IPV-related researcher, clinical nursing specialist and medical specialist. The data were collected by two trained research assistants who both had bachelor's degrees in nursing. A member of the research team conducted 20 hours of training sessions for the research assistants, including information on the inclusion and exclusion criteria, the use of data analysis techniques, data identification, data coding, and principles of data confidentiality to ensure a high level of agreement in data coding. The review period of one medical record took approximately 30 minutes.

Data analysis

The data were analyzed using SPSS/PC (Version 19.0, IBM Corp., Armonk, NY, USA). Statistics were used to analyze the participants' basic characteristics information, the conditions of IPV, and patterns within the data. Independent *t* tests and analyses of variance were used to analyze the relationships between time from the violent act until medical help-seeking and characteristics information.

Results

In total, we studied 497 IPV survivors who were aged 17–85 years. The age group with the most participants was 36–40 years (27.2%). The majority of the participants were Taiwanese (88.5%), senior-high-school graduates (70.0%), employed (87.8%), and married (95.6%). Regarding the conditions of violence, the perpetrators were mostly the spouses of the IPV survivors (83.7%), the location of violence was mostly the homes of the IPV survivors (79.1%), the time of abuse was generally between 4 p.m. and 12 a.m. (42.9%), and the perpetrators had consumed alcohol in 14.1% of instances. Regarding the patterns of violence, most of the IPV survivors sustained physical injuries (93.2%), followed by psychological violence (6.0%) and sexual violence (0.8%). The IPV survivors sustained physical injuries mainly to the face and head (55.3%). Most of the injuries were minor external injuries (85.3%).

There were significant differences in ages, education level, and employment status between Taiwanese and immigrant survivors. Taiwanese IPV survivors were older compared to immigrant survivors ($p < .001$). Taiwanese IPV survivors had a higher education level compared to immigrant survivors ($p < .001$). Taiwanese IPV survivors had a higher employment rate than did immigrant survivors ($p = .008$) (Table 1).

The average length of time from the violent act to medical help seeking was 6.01 hours ($SD = 5.56$; range: 0.05–23.15 hours), but 41.9% of the IPV survivors sought medical help within 3 hours. Table 2 shows the difference in length of time from occurrence to seeking medical help by demographic characteristics. The time between IPV and medical help seeking was longer for divorced women than married women ($p = .020$).

Discussion

The results of this study showed that the majority of IPV survivors were aged between 26 and 55 years (i.e., 85.4%). This was

Table 2 *Difference in Length of Time from Occurrence to Seeking Medical Help by Demographic Characteristics (N = 497).*

Characteristics	M ± SD	t/F	p
Ethnicity		0.379	.705
Taiwanese	6.13 ± 5.62		
Immigrant	5.78 ± 5.11		
Age (yrs)		0.37	.951
16–20	7.44 ± 6.39		
21–25	6.02 ± 5.64		
26–30	6.21 ± 5.17		
31–35	6.21 ± 4.93		
36–40	5.73 ± 5.49		
41–45	5.79 ± 5.71		
46–50	6.62 ± 6.13		
51–55	6.90 ± 6.33		
56–60	5.35 ± 6.44		
>61	4.30 ± 7.46		
Education level		0.43	.665
Junior high school and below	6.82 ± 6.31		
Senior high school and above	6.45 ± 5.30		
Employment status		0.11	.471
Employed	6.04 ± 5.51		
Unemployed	6.08 ± 5.67		
Marital status		3.96	.020
Married	5.91 ± 5.35		Divorced > Married
Divorced	9.64 ± 8.12		
Unmarried	6.22 ± 9.22		
Battering partner had consumed alcohol before violent		0.26	.794
Yes	6.17 ± 5.50		
No	6.01 ± 5.82		
Relations with survivors		−0.275	.783
Spouse	6.63 ± 5.38		
Other	6.71 ± 6.49		

consistent with the results of previous studies in Taiwan, which found that being a woman aged 25–54 years is a predictor of being an IPV victim [19,23,25]. Most victims aged between 25 and 44 years in America [27]. However, the present results differed from previous studies in terms of IPV incidence. Previous studies found that the highest incidence of IPV occurred in women aged 20–39 years [28]. We found that Taiwanese IPV survivors are older than immigrant survivors. Future studies should further investigate this pattern, because IPV survivors may stay with violent partners for their children or due to economic factors.

This study's results showed that the majority of IPV survivors were employed. This was consistent with the results of previous studies, which showed that employed women were significantly more likely than homemakers, unemployed women, or students to be abused [29]. The results of previous studies in Taiwan also indicated that most female IPV survivors were employed [24]. We also showed that the majority of IPV survivors were married; this contradicted the results of a Spanish study that included 1,402 participants aged 18–65 years. That study found that IPV survivors were more likely to be divorced, widowed, or cohabiting than married or single [33]. This might be because Western women show high levels of autonomy and tend to initiate divorce after violence occurs. Conversely, Taiwanese women tend to be influenced by patriarchal views or be financially dependent on their spouses and remain in an abusive relationship for their children's sake. Thus, they are more likely to endure abuse and remain in the marriage, which could explain the high number of IPV survivors who are married.

The results of this study showed that perpetrators were mostly the spouses of the IPV survivors. This was consistent with the statistics compiled by the Domestic Violence and Sexual Assault Prevention Committee of the Ministry of the Interior (2012) [17], which also found that perpetrators were mainly cohabiting spouses. These results are also consistent with a study from Hong Kong conducted by Lau [30]; which found that the perpetrators of IPV against women were mainly their spouses (82.1%). Another study conducted on 200 women aged more than 16 years old in teaching hospitals in London showed that 74.5% of IPV perpetrators were their former partners or husbands [6]. The inconsistency between those results and that of this study might be due to the difference between surveying those who remained in their marriages despite being abused and those who divorced or left their partners.

The previous studies has shown that alcohol consumption by the perpetrator was associated with marital and IPV and that the perpetrator tended to consume alcohol before the occurrence of violence [31]. This study showed that 14.1% of the perpetrators consumed alcohol prior to violent behavior, indicating that alcohol consumption was a predictor of IPV.

The present results showed that most IPV survivors experienced physical injuries. This was inconsistent with the findings of survey studies conducted in China and Spain, which showed that psychological abuse was the most common form of abuse, followed by physical and sexual abuse [29,32]. However, from the medical records used in this study, we found that psychological abuse tended to be less noticeable, perhaps because it is uncovered only after longer periods. Hence, the rate of psychological abuse might have been underestimated in this study. In a study by Bakhtiari and Omidmanesh [33]; physical damage and pain were mainly on the head, neck, and face. Another study found that more victims of domestic violence suffered injuries to the neck and face than nonvictims [23]. Similar results were obtained in this study: the target areas of violence were usually around the head and face. Previous studies have shown that individuals who are victims of domestic violence tended to suffer injuries to the head, neck, and face because the abuser wants to leave a mark in an obvious place that represents his/her control in the relationship [34]. This study found that IPV survivors sustained minor external injuries, only 2.4% of the IPV survivors were admitted to ward. The result of this study was consistent with the findings of a Chinese survey conducted in 32 communities, which included 13,294 women aged 19–45 years [35]. That survey also found that the majority of IPV survivors sustained minor injuries. However, the results of a WHO survey that included 15 countries (e.g., Japan and Thailand) and 24,097 women aged 15–49 years showed that the injuries sustained by IPV survivors were mainly moderate and external [1]. There are a few explanations as to why the findings by WHO differed from those of this study: (a) clinical assessment of the extent of injury contributed by IPV differed between various countries due to differences in subjective judgments and categorization of injury extent, (b) Taiwanese National Health Insurance allows affordable and convenient healthcare that allows IPV survivors to obtain prompt medical treatment, even for minor injuries, and (c) the IPV survivors wished to obtain injury assessment reports that could be used in court as evidence of IPV, which prompted them to seek help after sustaining even minor injuries.

This study found that 41.9% of the IPV survivors sought medical help within 3 hours after being abused. Divorced women took longer to seek medical help than married women did. A study investigating IPV survivors found that social support was the most important factor related to better health [36]. Further, IPV survivors who were divorced took longer to seek medical help, perhaps because of the lack of social networks or social support systems, which might have delayed medical help seeking. However, further research is required to explore this issue. This study found that Taiwanese and immigrant IPV survivors who sought medical help after being abused was not statistically significant. There are two possible explanations to the findings of this study, including the following: (a) immigrant women are typically found to be infrequent users of medical resources [26]; (b) small sample size of immigrant women of IPV because of underreport in this group. As a result, the difference of seeking medical help after being abused between Taiwanese and immigrants might have been underestimated.

This study also indicated that immigrant IPV survivors were younger and had a lower education level and employment rate than their Taiwanese counterparts. This study's immigrant IPV survivors generally came from Southeast Asia. These women were younger and had a lower education level when they immigrated to Taiwan. In order to follow traditional culture, immigrant women mostly lived with their spouses, cared for their spouses' families, and were responsible for most of the children's welfare. The above analysis could probably explain the results of our study.

Since this study employed data from IPV injury assessment records, the data collected from the survivors' statements might have been biased because of the medical treatment environment, emotional factors (e.g. shame or fear), social stigma, poor documentation, lack of a gold standard for IPV, or accompaniment by a perpetrator. We included only women who sought medical help because of IPV. Therefore, we could not include data on all the risk factors for IPV or details on the perpetrators. Furthermore, social, geographic, and financial factors also affect the decision to seek medical care. These limitations should be considered when interpreting the conclusions of this study. Future research, along with large-scale surveys, should be conducted to explore further possible risk factors of IPV, such as number of children, societal and family support systems, socioeconomic status, state of marital relationship and family interactions, educational level, and age and employment status of the perpetrators.

Conclusion

The results of this study contribute to the overall picture of the conditions and patterns of IPV in southern Taiwan. As societal values continue to change, an increasing number of IPV survivors have begun to seek help from medical organizations. IPV tends to follow a characteristic, cyclic pattern. As the emergency department is a common source of contact for victims of IPV, emergency nurses should develop clinical competencies toward violence against women in order to detect IPV survivors and provide related healthcare for them. Considering the rapid increase of IPV cases, nurses must seriously assess their competencies and abilities to provide care for such victims [37]. Regarding immigrant IPV survivors, nurses should be responsible for providing prevention strategies and healthcare programs specific to immigrant IPV survivors, such as coping with stress, strengthening communication skills with family numbers, and building personal and social support networks. Taiwanese IPV survivors might have more stress related to a higher self-esteem because of higher education, older, and higher employment rate. Nurses should provide the health education programs focusing on relieving stress related to higher self-esteem. Furthermore, the findings could be referenced by nursing professionals, especially emergency nurses in providing more appropriate healthcare and culturally appropriate interventions.

Conflict of interest

The authors declare no conflict of interest.

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